

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024045

STATE FILE NUMBER

FILED JUL 11 1958

Registration District No.

317

Primary Registration District No.

547

Registrar's No.

1713

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Richmond Heights</b>   |                                   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Columbia</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>9009 Green Ridge</b>   |                                   | Length of stay in lb<br><b>DAYS</b>   | d. STREET ADDRESS (If outside, give location)<br><b>Unknown</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>Elizabeth Wilde Almstedt</b>  |                                   |   | 4. DATE OF DEATH Month Day Year<br><b>June 27, 1958</b>  |
| 5. SEX<br><b>female</b>  | 6. COLOR OR RACE<br><b>white</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>April 4, 1874</b>   |
| 9. AGE (In years last birthday)<br><b>84</b>   |                                   | IF UNDER 1 YEAR<br>Months <b>2</b> Days <b>23</b>   | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b>  |                                   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Rugby, England</b>  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |                                   | 13a. FATHER'S NAME<br><b>Unknown</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |                                   | 14. NAME OF HUSBAND OR WIFE<br><b>Hermann Almstedt</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year & dates of service)<br><b>no none</b>   |                                   | 16. SOCIAL SECURITY NO.<br><b>none</b>  |  |
| 17. INFORMANT<br><b>Mrs. Guerdan Hardy</b>   |                                   | Address<br><b>9009 Green Ridge</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>4201</b><br>DUE TO (c) <b></b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b></b>  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour <b></b> Month, Day, Year <b></b><br>a.m. <b></b> p.m. <b></b>  |                                   |   |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 20f. CITY, TOWN, OR LOCATION   |                                   | COUNTY  | STATE  |
| 21. I attended the deceased from <b>1944</b> to <b>present</b> and last saw her alive on <b>6-23-58</b><br>Death occurred at <b>6:30 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                   |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Dr. Maxwell M.D.</b>  |                                   | 22b. ADDRESS<br><b>4500 Olive, St. Louis</b>  | 22c. DATE SIGNED<br><b>6-27-58</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>  | 23b. DATE<br><b>June 27, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Grove Crematory</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>C.R. Lupton and Sons</b>  |                                   | ADDRESS<br><b>7233 Delmar</b>   | 25. DATE REC'D. BY LOCAL REG.<br><b>6-27-58</b>  |
| 26. REGISTRAR'S SIGNATURE<br><b>Herbert R. Danks M.D.</b>  |                                   |   |  |

APR 22 9:30 Friday

STATEMENT BY LICENSED EMBALMER —

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Not EMBALMED

Student .....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. ....

P. O. Address .....  
St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.